Atlanta Cardiology Consultants, P.C.

Thomas S. Backer, M.D., F.A.C.C. / Katie Steffen, MMSC PA-C

PATIENT HISTORY

IDENTIFICATION

Name: _____ Age: _____ Date: _____

Address: _____ Phone #: _____

Referred By: _____

MAJOR COMPLAINT OR PROBLEM (Reason for visit)

_____

_____

CURRENT MEDICATIONS

_____

_____

DRUG ALLERGIES

_____

_____

HOSPITALIZATIONS OR SURGERIES

DATE	REASON	DATE	REASON

PAST MEDICAL HISTORY (Approximate Age of Onset)

Heart Attack _____	Hypertension _____	Tuberculosis _____	Liver Disease _____
Angina _____	Diabetes _____	Asthma _____	Frequent Indigestion _____
Heart Failure _____	High Cholesterol _____	Emphysema _____	Blood in Stool _____
Heart Murmur _____	Stroke _____	Chronic Bronchitis _____	Cancer _____
Chest Pain _____	Seizure/Convulsion _____	Pneumonia _____	AIDS/HIV _____
Shortness of Breath _____	Phlebitis _____	Pulmonary Embolism _____	Thyroid Disease _____
Palpitations _____	Kidney Stones _____	Chronic Cough _____	Anemia _____
Dizziness/Faintness _____	Kidney Infection _____	Ulcers _____	Gout _____
Loss of Consciousness _____	Kidney Disease _____	Gall Bladder _____	Psychiatric Treatment _____
Rheumatic Fever _____		Hepatitis _____	

FAMILY HISTORY

		Age	Illness	Cause of Death
Father	Alive/Dead			
Mother	Alive/Dead			
Brothers/Sisters	Alive/Dead			

HABITS

Smoking Packs/Day _____ How Long _____ When Stopped _____

Alcohol Estimated Amount _____

Caffeine Estimated Amount (Coffee, Tea, Soft Drinks) _____

Diet Special Diets (Cholesterol, Diabetic, Salt) _____

Exercise _____